

Exhibit 18

INITIAL EVALUATION

MEDICAL EVALUATIONS.
17117 WEST NINE MILE RD SUITE 1325
SOUTHFIELD, MICHIGAN. 48076

DECEMBER 16, 2010

22C42210

PATIENT'S NAME:
DATE OF BIRTH
DATE OF VISIT: DECEMBER 16, 2010
DATE OF INJURY: NOVEMBER 30, 2010

CHIEF COMPLAINTS:

PAIN IN THE NECK, MID AND LOW BACK, UNABLE TO SLEEP, HE IS HAVING MIGRAINS, AND TROUBLE WITH ACTIVITES OF DAILY LIVING.

HISTORY OF PRESENT ILLNESS:

HE WAS A RESTRAINED FRONT SEAT PASSENGER INVOLVED IN A MOTOR VEHICLE ACCIDENT. THE CAR THAT HE WAS IN WAS HIT ON THE SIDE AND HE WAS PUSHED INTO THE CAR IN FRONT OF HIM. THE AIR BAG DID NOT DEPLOY, THERE WAS NO LOSS OF CONSCIOUSNESS. HE WENT TO THE EMERGENCY ROOM WHERE HE WAS TREATED AND RELEASED. HE HAS BEEN HAVING ON GOING HEADACHES. HE DENIES PRIOR HISTORY OF PAIN IN HIS NECK AND BACK AND MIGRAINS.

MEDICAL HISTORY:

NONE.

SURGERIES:

NONE

MEDICATIONS:

NONE.

ALLERGIES:

PENICILLIN.

PERSONAL/SOCIAL HISTORY:

HE IS SINGLE.

HE SMOKES A ½ PACK A DAY AND DENIES DRINKING.

EMPLOYMENT: HE IS UNEMPLOYED.

EDUCATION: HIGH SCHOOL.

PHYSICAL EXAM:

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H: 6' W: 300

MUSCULOSKELETAL:

HE IS TENDER IN CERVICAL, DORSAL AND LUMBOSACRAL SPINE WITH GUARDING, DECREASED RANGE OF MOTION AND DECREASED STRENGTH AGAINST RESISTANCE.

SENSATION AND REFLEX TESTING IS NORMAL

IMPRESSION:

STATUS POST MVA.

CERVICAL SPRAIN/MYOFACIST.

DORSAL MYOFACIST.

LUMBOSACRAL MYOFACIST.

MIGRAINS.

RECOMMENDATIONS AND TREATMENT PLANS:

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS.

MRI OF THE CERVICAL SPINE.

MRI OF THE RIGHT SHOULDER.

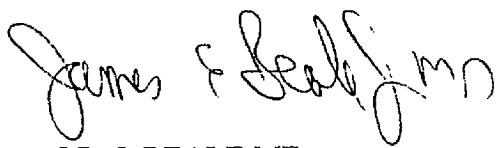
MRI OF THE LUMBOSACRAL SPINE.

CURRENT MEDICATIONS:

PRESCRIPTION FOR LORTAB 10/500 ONE TABLET EVERY SIX HOURS PRN FOR PAIN.

HE IS DISABLED FROM CONSTANT OR REPETITIVE BENDING, LIFTING, TWISTING, TURNING, PUSHING, PULLING AND SQUATTING.

HE IS TO BE RE-EVALUATED IN SIX WEEKS.



DR. J. BEALE MD

INITIAL EVALUATION

MEDICAL EVALUATIONS PC.
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SOUTHFIELD, MICHIGAN. 48076
PHONE: 248-354-1111
FAX: 248-354-1114

FEBRUARY 21, 2012

PATIENT'S NAME:
DATE OF BIRTH:

DATE OF VISIT: FEBRUARY 21, 2012

DATE OF INJURY: FEBRUARY 11, 2012

CHIEF COMPLAINTS:

PAIN IN THE NECK, BACK AND HEADACHES, TROUBLE WITH TWISTING,
PUSHING AND PULLING, PREFORMING OVER THE HEAD TASKS.

HISTORY OF PRESENT ILLNESS:

HE WAS THE RESTRAINED DRIVER INVOLVED IN A MOTOR VEHICLE
ACCIDENT.

HE WAS ON HARPER, ANOTHER CAR FAILED TO YIELD A STOP SIGN AND
PULLED IN FRONT OF HIM, THE OTHER CAR SKIDDED AND HE WAS HIT ON
THE FRONT DRIVER'S DOOR. THERE WAS NO AIR BAG DEPLOYMENT.
THERE WAS NO LOSS OF CONSCIOUSNESS.

HE WAS ABLE TO GO HOME, HE FELT DIZZY AND HAD PAIN IN HIS LOW
BACK. HE WENT TO THE WELLNESS CLINIC AND WAS TREATED WITH
PHYSICAL THERAPY.

HE DENIES PRIOR HISTORY OF PAIN IN THESE AREAS.

MEDICAL HISTORY:

NONE.

SURGERIES:

NONE

MEDICATIONS:

NONE

ALLERGIES:

NONE.

PERSONAL/SOCIAL HISTORY:

HE IS SINGLE

HE DOESN'T SMOKE OR DRINK.

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EMPLOYMENT: MAKING PARTS FOR CHRYSLER.
LAST DAY WORKED WAS FEBRUARY 20, 2012
EDUCATION: 12TH GRADE

PHYSICAL EXAM:

H: 5'8 W: 150

MUSCULOSKELETAL:

HE HAS TENDERNESS AND GUARDING IN THE CERVICAL, DORSAL AND LUMBAR SPINE. COMPRESSION TESTS REPRODUCES HIS NECK PAIN. HE HAS DECREASED CERVICAL LORDOSIS. STRAIGHT LEG RAISING TO 60 DEGREES REPRODUCES THE PAIN IN HIS BACK.

IMPRESSION:

STATUS POST MVA.
CERVICAL MYOFACIST.
DORSAL MYOFACIST.
LUMBAR MYOFACIST.

RECOMMENDATIONS AND TREATMENT PLANS:

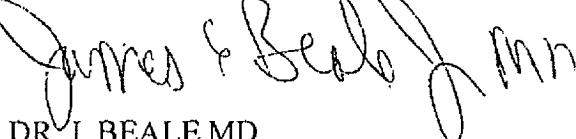
PHYSICAL THERAPY.
MRI OF THE CERVICAL, DORSAL AND LUMBAR SPINES.
BACK BRACE.
TENS UNIT.
HOUSEHOLD REPLACEMENT SERVICES.
TRANSPORTATION TO AND FROM DOCTOR VISITS.

CURRENT MEDICATIONS:

HE WAS PRESCRIBED NO MEDICATIONS.

HE IS DISABLED FROM BENDING, LIFTING, TWISTING, TURNING, PUSHING, PULLING AND SQUATTING.

HE IS TO BE RE-EVALUATED IN SIX WEEKS.


DR. J. BEALE MD

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NOVEMBER 01, 2012

PATIENT'S NAME:

DATE OF BIRTH

DATE OF VISIT: NOVEMBER 01, 2012

DATE OF INJURY: OCTOBER 28, 2012

CHIEF COMPLAINTS:

NECK PAIN, BACK PAIN.

HISTORY OF PRESENT ILLNESS:

HE WAS THE DRIVER INVOLVED IN A MOTOR VEHICLE ACCIDENT.

HE STATES THAT ANOTHER CAR SIDESWIPED HIM.

THERE WAS NO AIR BAG DEPLOYMENT. THERE WAS NO LOSS OF CONSCIOUSNESS.

HE DID NOT SEEK IMMEDIATE MEDICAL ATTENTION.

HE DENIES PRIOR HISTORY OF PAIN IN THESE AREAS.

MEDICAL HISTORY:

HIT BY A BUS WHILE DRIVING A CAB FOUR YEARS AGO WITH A PINCHED NERVE.

SURGERIES:

NONE.

MEDICATIONS:

NONE.

ALLERGIES:

NONE.

PERSONAL/SOCIAL HISTORY:

HE IS SINGLE.

HE DOES SMOKE AND DOESN'T DRINK.

EMPLOYMENT: EXTERMINATOR

LAST DAY WORKED WAS ONE WEEK AGO.

EDUCATION: HIGH SCHOOL

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PHYSICAL EXAM

H: 5'10 W: 185

MUSCULOSKELETAL:

HE HAS TENDERNESS IN THE CERVICAL SPINE WITH DECREASED CERVICAL LORDOSIS, GUARDING, DECREASED RANGE OF MOTION AND DECREASED STRENGTH AGAINST RESISTANCE. SENSATION AND REFLEX TESTING IS NORMAL. THERE IS NO ATROPHY. COMPRESSION TEST REPRODUCES HIS NECK PAIN.

IMPRESSION:

STATUS POST MVA.
ACUTE CERVICAL SPRAIN.
ACUTE LUMBAR SPRAIN.

RECOMMENDATIONS AND TREATMENT PLANS:

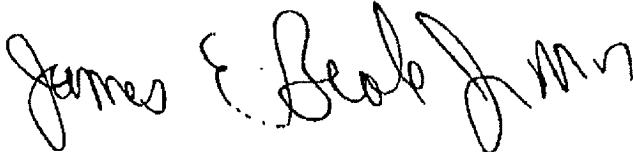
PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS.
MRI OF THE CERVICAL AND LUMBAR SPINE.
HOUSEHOLD REPLACEMENT SERVICES.
TRANSPORTATION TO AND FROM DOCTOR VISITS.

CURRENT MEDICATIONS:

HE WAS PRESCRIBED VICODIN ES ONE TABLET EVERY EIGHT HOURS PRN FOR PAIN.
SOMA 350 MG ONE TABLET EVERY EIGHT HOURS FOR MUSCLE SPASMS

HE IS DISABLED FROM BENDING, LIFTING, PUSHING, PULLING AND SQUATTING.

HE IS TO BE RE-EVALUATED IN SIX WEEKS.



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NOVEMBER 17, 2011

PATIENT'S NAME:

DATE OF BIRTH:

DATE OF VISIT: NOVEMBER 17, 2011

PREVIOUSLY SEEN ON OCTOBER 18, 2011

DATE OF INJURY:

CHIEF COMPLAINTS:

SHE IS STILL HAVING PAIN WITHOUT RELIEF, SHE WANTS TO BE RECOMMENDED TO A PAIN CLINIC FOR THE PAIN IN HER NECK, MID AND LOW BACK. HER EMG AND NERVE CONDUCTION TEST WAS NORMAL.

SHE'S STILL HAVING TROUBLE SLEEPING AND GETTING OUT OF BED. PAIN WORSENS WITH DAILY ACTIVITY. HANDS STILL GO NUMB AND CRAMP UP INTO HER SHOULDER.

HER LEFT KNEE GAVE OUT ON HER AND HER RIGHT KNEE POPS.
SHE DID NOT GET HER MRI'S YET.

CLINICALLY:

SHE IS UNCHANGED.

SHE STILL HAS SIGNS OF CERVICAL STRAIN AND NEURITIS.

THERE IS GUARDING AND TENDERNESS WITH DECREASED RANGE OF MOTION AND DECREASED STRENGTH AGAINST RESISTANCE OF THE CERVICAL AND LUMBAR SPINE AND SHOULDER AREAS. DECREASED SENSATION OF THE C6 C7 NECK AREA OF THE ARM. COMPRESSION TEST REPRODUCES NECK PAIN.

IMPRESSION:

STATUS POST MVA.

CERVICAL MYOFACIST.

DORSAL MYOFACIST.

LUMBAR MYOFACIST.

RIGHT KNEE STRAIN.

RECOMMENDATIONS AND TREATMENT PLANS:

CONTINUE PHYSICAL THERAPY.

REERRAL TO PAIN MANAGEMENT.

LUMBAR CORSET.

MRI TO THE CERVICAL AND LUMBAR SPINE.

TRANSPORTATION SERVICES.

PSYCHIATRIC EVALUATION FOR POSSIBLE DEPRESSION.

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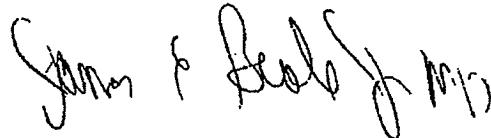
HOUSEHOLD REPLACEMENT SERVICES.
ATTENDANT CARE.

CURRENT MEDICATIONS:

PRESCRIPTION FOR OXYCODONE 30 MG ONE TABLET EVERY EIGHT HOURS FOR
PAIN
XANAX 2 MG ONE TABLET B.I.D #60 PRN FOR SLEEP.

SHE IS DISABLED FROM CONSTANT REPETITIVE BENDING, LIFTING, TWISTING,
TURNING, PUSHING, PULLING AND SQUATTING.

SHE IS TO BE RE-EVALUATED IN SIX WEEKS.



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DECEMBER 15, 2011

PATIENT'S NAME:

DATE OF BIRTH:

DATE OF VISIT: DECEMBER 15, 2011

PREVIOUSLY SEEN ON NOVEMBER 17, 2011

DATE OF INJURY: NOVEMBER 16, 2011

CHIEF COMPLAINTS:

SHE IS STILL HAVING PAIN IN THE LOWER BACK, NECK, SHE WENT TO ST. JOHN'S EMERGENCY ROOM IN NOVEMBER BECAUSE OF PERSISTENT PAIN. SHE WAS TREATED AND RELEASED.

CLINICALLY:

SHE IS UNCHANGED.

SHE IS TENDER IN THE CERVICAL SPINE WITH DECREASED CERVICAL LORDOSIS, DECREASED RANGE OF MOTION AND DECREASED STRENGTH AGAINST RESISTANCE OF THE CERVICAL, DORSAL AND LUMBAR PARASPINAL MUSCLES.

COMPRESSION TESTS REPRODUCES HER NECK PAIN.

SHE IS TENDER IN THE DORSAL/LUMBAR SPINE WITH DECREASED RANGE OF MOTION AND DECREASED STRENGTH AGAINST RESISTANCE. STRAIGHT LEG RAISE CAUSES BACK PAIN AND IS NEGATIVE FOR SCIATICA. SENSATION IS NORMAL. THERE IS NO ATROPHY.

IMPRESSION:

STATUS POST MVA.

CERVICAL STRAIN.

DORSAL/LUMBOSACRAL STRAIN.

RECOMMENDATIONS AND TREATMENT PLANS:

CONTINUE PHYSICAL THERAPY.

MRI OF THE CERVICAL AND LUMBAR SPINES.

BACK BRACE.

HOUSEHOLD REPLACEMENT SERVICES.

TRANSPORTATION TO AND FROM DOCTOR VISITS.

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CURRENT MEDICATIONS:

SHE WAS PRESCRIBED VICODIN ES ONE TABLET EVERY SIX HOURS PRN FOR PAIN.

NEURONTIN 300 MG ONE TABLET T.I.D FOR NERVE PAIN.

FIORCET ONE TABLET EVERY SIX HOURS PRN FOR HEADACHES.

SHE IS DISABLED FROM BENDING, LIFTING, TWISTING, TURNING, PUSHING, PULLING AND SQUATTING.

SHE IS TO BE RE-EVALUATED IN SIX WEEKS.



DR. J. BEALE MD

STURGEON 26

MEDICAL EVALUATIONS P.C.
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SEPTEMBER 13, 2011

PATIENT'S NAME:

DATE OF BIRTH

DATE OF VISIT: SEPTEMBER 13, 2011

PREVIOUSLY SEEN ON AUGUST 09, 2011

DATE OF INJURY: AUGUST 01, 2011

CHIEF COMPLAINTS:

SHE IS STILL HAVING PAIN IN THE NECK, DORSAL AND LUMBAR SPINES, HEADACHES, THE BACK BRACE AND TENS UNIT DOES HELP. TROUBLE WITH ACTIVITES OF DAILY LIVING, AND WITH COLD AND WET WEATHER.

CLINICALLY:

SHE IS UNCHANGED.

SHE HAS SIGNS OF CERVICAL/DORSAL AND LUMBOSACRAL MYOFACIST WITH GUARDING, TENDERNESS, DECREASED RANGE OF MOTION AND DECREASED STRENGTH AGAINST RESISTANCE. THERE IS EVIDENCE OF NEURITIS INVOLVING THE LEFT UPPER EXTREMITY.

COMPRESSION TESTS REPRODUCES THE PAIN IN HER NECK. STRAIGHT LEG RAISE CAUSES PAIN IN HER BACK.

SENSATION AND REFLEX TESTING IS NORMAL.

IMPRESSION:

STATUS POST MVA.

CERVICAL SPRAIN.

DORSAL SPRAIN.

LUMBOSACRAL SPRAIN

RECOMMENDATIONS AND TREATMENT PLANS:

CONTINUE PHYSICAL THERAPY.

EMG OF THE NECK AND LEFT UPPER ARM.

MRI OF THE CERVICAL SPINE.

HOUSEHOLD ASSISTANCE.

ATTENDANT CARE 8 HOURS A DAY 7 DAYS A WEEK.

TRANSPORTATION SERVICES.

CURRENT MEDICATIONS:

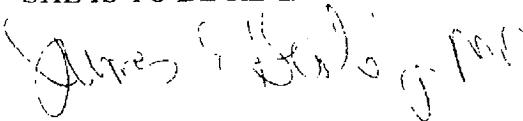
SHE WAS PRESCRIBED XANAX 2 MG ONE TABLERT AT NIGHT FOR SLEEP.

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VICODIN ES ONE TABLET EVERY SIX HOURS PRN FOR PAIN.

SHE IS DISABLED FROM BENDING, LIFTING, TWISTING, TURNING, PUSHING, PULLING AND SQUATTING.

SHE IS TO BE RE-EVALUATED IN SIX WEEKS.


DR. J. BEALE MD

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